

Exhibit I

A.

J Endod. 1998 Jul;24(7):472-6.

Antimicrobial activity of 2.5% sodium hypochlorite and 0.2% chlorhexidine gluconate separately and combined, as endodontic irrigants.

Kuruvilla JR, Kamath MP.

Sodium hypochlorite irrigant is known to be toxic to periapical tissues. Chlorhexidine gluconate, a safer and effective antimicrobial irrigant, is not known to dissolve pulpal tissues. To obtain their optimal properties; their combined action within the root canal was evaluated. ...This study indicates that the use of sodium hypochlorite and chlorhexidine gluconate combined within the root canal resulted in the greatest percentage reduction of postirrigant positive cultures. This may be due to formation of "chlorhexidine chloride," which increases the ionizing capacity of the chlorhexidine molecule. This reduction was significant compared to use of sodium hypochlorite alone but not significant compared to use of chlorhexidine gluconate alone.

B.

Am J Dent. 1999 Jun;12(3):148-50.

Residual antimicrobial activity associated with a chlorhexidine endodontic irrigant used with sodium hypochlorite.

White RR, Janer LR, Hays GL.

PURPOSE: To evaluate the in vitro efficacy of 2.0% chlorhexidine gluconate (CH) as an endodontic irrigant combined with the traditional irrigant, sodium hypochlorite (SH)... Comparisons of the results obtained from the three treatment regimens indicated there were no significant differences ($P > 0.5$) in the relative in vitro antimicrobial activity remaining in the three groups of teeth.

C.

Clin Otolaryngol Allied Sci. 1999 Jun;24(3):228-31. Links

A randomised clinical trial of antiseptic nasal carrier cream and silver nitrate cautery in the treatment of recurrent anterior epistaxis.

Murthy P, Nilssen EL, Rao S, McClymont LG.

Sixty-four consecutive patients with a history of recurrent epistaxis were randomly assigned in the outpatient clinic to receive treatment with either Naseptin antiseptic nasal carrier cream alone (Group A) or a combination of Naseptin cream and silver nitrate cautery (Group B). Results were available on 50 patients, 22 in Group A and 28 in Group B. Twenty patients (91%) in Group A and 25 patients (89%) in Group B demonstrated improvement in their symptoms. There was no statistically significant difference in outcome between the two treatment arms ($P = 0.7569$). On comparing the different age groups (under and over 16 years) in the two treatment arms, once again there was no statistically significant difference in the treatment outcome ($P = 1.000$). In conclusion, silver nitrate cautery offers no added advantage to the management of simple epistaxis in both children and adults.

D.

J Burn Care Rehabil. 1991 Jan-Feb;12(1):13-8.Links

Comparison of silver sulfadiazine 1% with chlorhexidine digluconate 0.2% to silver sulfadiazine 1% alone in the prophylactic topical antibacterial treatment of burns.

Snelling CF, Inman RJ, Germann E, Boyle JC, Foley B, Kester DA, Fitzpatrick DJ, Warren RJ, Courtemanche AD.

Wound bacterial colonization in 118 patients treated with chlorhexidine digluconate 0.2% in silver sulfadiazine 1% applied daily to the burn wounds was compared to that of 135 comparable patients similarly treated with silver sulfadiazine 1%. With chlorhexidine digluconate 0.2% in silver sulfadiazine 1%, colonization by *Staphylococcus aureus* was less frequent (38%) than with silver sulfadiazine 1% (54%, $p = 0.016$). No statistical difference was found for colonization by *Enterococcus faecalis*, *Pseudomonas aeruginosa*, or *Enterobacter cloacae*. Washing of the wounds of 65 patients with chlorhexidine gluconate 4% during daily dressing changes was associated with reduced wound colonization by *S. aureus* (35% versus 51%, $p = 0.03$) and *P. aeruginosa* (8% versus 16%, $p = 0.08$) when compared to the 188 washed with nonantibacterial soap. Chlorhexidine, whether added to the topical agent silver sulfadiazine (chlorhexidine digluconate 0.2%) or in the bath soap (chlorhexidine gluconate 4%), decreased colonization by *S. aureus*.

E.

J Burn Care Rehabil. 1988 Jul-Aug;9(4):359-63.Links

Combined topical use of silver sulfadiazine and antibiotics as a possible solution to bacterial resistance in burn wounds.

Modak SM, Sampath L, Fox CL Jr.

.. the emergence of resistant mutants to quinolones. Thus, combined use of silver sulfadiazine and quinolones appears to diminish the ability of *Ps. aeruginosa* strains to form resistant mutants. Furthermore, when the combination is used as a topical agent in burn wounds, lesser amounts of the individual drug are needed to control infection thereby reducing the toxic effects, if any, associated with these drugs. This combination does not in any way interfere with the antifungal or antibacterial properties of these individual drugs.